

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS667HOS</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/20/2009</b>
NAME OF PROVIDER OR SUPPLIER  <b>VALLEY HOSPITAL MEDICAL CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>620 SHADOW LANE LAS VEGAS, NV 89106</b>		
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S 000	<p>Initial Comments</p> <p>Surveyor: 26855</p> <p>This Statement of Deficiencies was generated as a result of a State Licensure focused survey and complaint investigation conducted in your facility on 11/17/09 and finalized on 11/20/09, in accordance with Nevada Administrative Code, Chapter 449, Hospitals.</p> <p>Complaint #NV00023092 was substantiated with deficiencies cited. (See Tag # S0030)</p> <p>Complaint #NV00023430 was substantiated with deficiencies cited. (See Tag # S0219, S0298)</p> <p>A Plan of Correction (POC) must be submitted. The POC must relate to the care of all patients and prevent such occurrences in the future. The intended completion dates and the mechanism(s) established to assure ongoing compliance must be included.</p> <p>Monitoring visits may be imposed to ensure on-going compliance with regulatory requirements.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified.</p>	S 000		
S 030 SS=D	<p>NAC 449.313 Governing Body</p> <p>1. A hospital shall have an effective governing</p>	S 030		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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S 030	<p>Continued From page 1</p> <p>body which is legally responsible for the conduct of the hospital.</p> <p>This Regulation is not met as evidenced by: Surveyor: 26855</p> <p>Based on interview, record review and document review the facilities governing body failed to ensure the Nevada State Board of Medical Examiners was notified of a physicians summary suspension of clinical privileges and outcome of disciplinary action within 30 days after the suspension per NRS 630.307. (Physician #1)</p> <p>NRS 630.307 General requirements for filing complaint; medical facilities and societies required to report certain information concerning physician's privileges and disciplinary action; administrative penalties for failure to report; clerk of court required to report certain information concerning court actions.</p> <p>1. Any person, medical school or medical facility that becomes aware that a person practicing medicine or respiratory care in this State has, is or is about to become engaged in conduct which constitutes grounds for initiating disciplinary action shall file a written complaint with the Board within 30 days of becoming aware of the conduct.</p> <p>2. Any hospital, clinic or other medical facility licensed in this State, or medical society shall report to the Board any change in a physician's privileges to practice medicine while the physician is under investigation and the outcome of any disciplinary action taken by that facility or society against the physician concerning the care of a patient or the competency of the physician within 30 days after the change in privileges is made or disciplinary action is taken. The Board shall report any failure to comply with this subsection by a hospital, clinic or other medical facility licensed in</p>	S 030			

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S 030	Continued From page 2  this State to the Health Division of the Department of Health and Human Services. If, after a hearing, the Health Division determines that any such facility or society failed to comply with the requirements of this subsection, the Division may impose an administrative fine of not more than \$10,000 against the facility or society for each such failure to report. If the administrative fine is not paid when due, the fine must be recovered in a civil action brought by the Attorney General on behalf of the division.  Complaint # 23092  Severity: 2                      Scope: 1	S 030		
S 298 SS=D	NAC 449.361 Nursing Service  9. A hospital shall ensure that its patients receive proper treatment and care provided by its nursing services in accordance with nationally recognized standards of practice and physicians' orders.  This Regulation is not met as evidenced by: Surveyor: 26855 Based on interview, record review, document review and facility medication administration policy review, the facility nurses failed to provide proper medication administration management for 1 of 16 patients and failed to ensure the patient was not administered an antibiotic medication the patient had a documented allergy to. (Patient #1)  Severity: 2                      Scope: 1  Complaint # 23430	S 298		

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S 310	Continued From page 3	S 310		
S 310 SS=E	<p>NAC 449.3624 Assessment of Patient</p> <p>1. To provide a patient with the appropriate care at the time that the care is needed, the needs of the patient must be assessed continually by qualified hospital personnel throughout the patient's contact with the hospital. The assessment must be comprehensive and accurate as related to the condition of the patient.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27469</p> <p>Based on interview, record review and documentation review, the facility failed to provide a accurate assessment of pressure ulcers for 4 of 16 patients (Patient #4, #7, #9, #11),</p> <p>The facility failed to monitor the progression of pressure ulcers per facility policy. The size, shape, length, depth and odor of pressure ulcers were not consistently documented for Patients #4, #7, #9 and #11.</p> <p>The facility failed to obtain a wound culture per facility policy for Patient's #4, #7, #9 and #11.</p> <p>Severity: 2      Scope: 2</p>	S 310		
S 325 SS=E	<p>NAC 449.3628 Physical Restraint Use</p> <p>5. The governing body shall ensure that the use of any physical restraints on a patient is initiated only pursuant to a physician's order or protocols approved by the medical staff and the hospital administration.</p> <p>This Regulation is not met as evidenced by: Surveyor: 27469</p> <p>Based on observation, interview, record review</p>	S 325		

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S 325	Continued From page 4  and document review, the facility failed to follow the physician orders for restraints for 8 of 16 patients (Patient's #2, #3, #4, #5, #6, #7, #9, #11).  The nursing documentation did not reflect the physician's orders for the specific restraints to be utilized on Patient's #2, #3, #4, #5, #6, #7, #9 and #11.  Severity: 2                  Scope: 2	S 325		
S 331 SS=E	NAC 449.3628 Physical Restraint Use  7. Organizational policies and procedures, protocols, physician's orders and the individual needs of a patient must be used to establish the frequency, nature and extent of monitoring of a patient upon whom physical restraints are being used. This Regulation is not met as evidenced by: Surveyor: 27469  Based on interview, record review and documentation review, the facility failed to document the monitoring of restraints for 8 of 16 patients (Patient's #2, #3, #4, #5, #6, #7, #9 and #11).  The nursing documentation did not reflect the physician's orders for the specific restraints to be utilized on Patient's #2, #3, #4, #5, #6, #7, #9 and #11.  The nursing documentation did not reflect the patient was assessed every two hours per facility policy while wearing restraints.  Severity: 2                  Scope: 2	S 331		

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S 340	Continued From page 5	S 340		
S 340 SS=E	<p>NAC 449.363 Personnel Policies</p> <p>5. The hospital shall ensure that the health records of its employees contain documented evidence of surveillance and testing of those employees for tuberculosis in accordance with chapter 441A of NAC. This Regulation is not met as evidenced by: Surveyor: 27286</p> <p>Based on personnel record review the hospital failed to ensure 3 of 20 employees (Employee #17; #18 and #19) contained documented evidence of surveillance and testing for tuberculosis, and a pre-employment physical in accordance with chapter 441A of NAC.</p> <p>Severity: 2 Scope: 2</p>	S 340		

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